

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	Patent#: 7,187,930
	Filing Date	Issued: March 6, 2007
	First Named Inventor	Jason F. HUNZINGER
	Art Unit	2617
	Examiner Name	R. Peaches
	Attorney Docket Number	440402000300

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

all the practitioners of record;

the practitioners (with registration numbers) of record listed on the attached paper(s); or

the practitioners of record associated with Customer Number: 25224

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

<input type="checkbox"/> 10.40(b)(1)	<input type="checkbox"/> 10.40(b)(2)	<input type="checkbox"/> 10.40(b)(3)	<input type="checkbox"/> 10.40(b)(4)
<input type="checkbox"/> 10.40(c)(1)(i)	<input type="checkbox"/> 10.40(c)(1)(ii)	<input type="checkbox"/> 10.40(c)(1)(iii)	<input type="checkbox"/> 10.40(c)(1)(iv)
<input type="checkbox"/> 10.40(c)(1)(v)	<input type="checkbox"/> 10.40(c)(1)(vi)	<input type="checkbox"/> 10.40(c)(2)	<input type="checkbox"/> 10.40(c)(3)
<input type="checkbox"/> 10.40(c)(4)	<input checked="" type="checkbox"/> 10.40(c)(5)	<input type="checkbox"/> 10.40(c)(6) Please explain below:	

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

1. I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.

2. I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.

3. I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:
The practitioners have disengaged representation from the assignee/client. The practitioner returned the file to the client.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

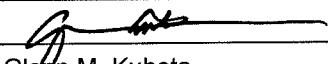
**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. *Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.*

Change the correspondence address and direct all future correspondence to:

A. The address of the inventor or assignee associated with Customer Number: _____

OR

B.	<input checked="" type="checkbox"/> Inventor or Assignee Name	DENSO CORPORATION		
Address 1-1, Showa-cho				
City Kariyam		State Aichi	Zip 448-8661	Country Japan
Telephone			Email HIROHIKO_USUI@denso.co.jp	
I am authorized to sign on behalf of myself and all withdrawing practitioners.				
Signature				
Name	Glenn M. Kubota		Registration No.	44,197
Address Morrison & Foerster LLP 555 West Fifth Street				
City Los Angeles		State CA	Zip 90013-1024	Country US
Date	August 31, 2011		Telephone No. (213) 892-5752	
NOTE: Withdrawal is effective when approved rather than when received.				